

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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49						
50						
<b>TOTAL IND.</b>	7					
<b>TOTAL DEP.</b>	22					
<b>TOTAL CLAIMS</b>	29					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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<b>TOTAL DEP.</b>												
<b>TOTAL CLAIMS</b>												